

REGISTRATION FORM (please print)

Name:	
Home Address:	
City/State/Zip:	
Home phone:	Work phone:
E-mail Address:	
Professional License # (for CE Purposes):	

Class:	Date:	Time:	Fee:
			\$
			\$
			\$
			\$
TOTAL:			\$

Check or Money Order Enclosed (payable to Michigan Dental Seminars)

Please print this form, fill out, and send to:
Michigan Dental Seminars
P.O. Box 180156
Utica, MI 48315